

OPI FAX 15-2006 FRI 12:42 PM SETTER OLLILA LLC

FAX NO. 3039389995

P. 01

THE OLLILA LAW GROUP LLC

Intellectual Property Law Firm

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DATE:

FROM:

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NUMBER OF PAGES (including this page):

3 EMAIL: swebb@ollilalaw.com

TO:

Mail Stop ISSUE FEE
USPTO

TELEPHONE:

RE:

Application No. 10540177
Filed: 6/17/2005
Examiner: Patel, Harshad R.
Group Art: 2855
Our Docket No.: 35010/136US

FAX: (571) 273-2885

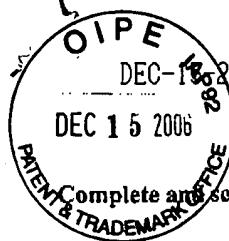
MESSAGE Attached are the following for filing in the above-referenced matter:

1. Fee(s) Transmittal for Issue Fee, Publication Fee and Advance Copies (one page); and
2. Credit Card Payment Form (PTO-2038) (one page).

If you have any questions or comments, please feel free to contact our office.

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL 303-938-9999

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P. 02

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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32827 7590 10/03/2006

THE OLLILA LAW GROUP LLC
2060 BROADWAY
SUITE 300
BOULDER, CO 80302

12/18/2006 TTRAN2 00000026 10540177

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC:8001 APPLICATION NO. FILING DATE 10/03/2006

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Amber R. Wolters (Depositor's name)
Amber R. Wolters (Signature)
12/15/2006 (Date)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.

10/540,177 06/17/2005 Mark James Bell 35010/136US 1196

TITLE OF INVENTION: LOW MASS CORIOLIS MASS FLOWMETER HAVING A LOW MASS DRIVE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/03/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, HARSHAD R	2855	073-861355

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
	1 2 The Ollila Law Group LLC 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Micro Motion, Inc.

Boulder, Colorado

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. any additional
<input checked="" type="checkbox"/> Advance Order - # of Copies 3	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502622 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Steve L. Webb

Date 12/15/2006

44,395

Typed or printed name

Registration No. _____

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